

U.S. DEPARTMENT OF EDUCATION
Guaranteed Student Loan Program
Washington, DC 20202

FORM APPROVED
OMB NO. 1840-0028
APPROVAL EXPIRES:
08/31/95

PHYSICIAN'S CERTIFICATION OF BORROWER'S TOTAL AND PERMANENT DISABILITY

Authorized by Title IV, Part B of HEA of 1965, as amended, 20 U.S.C. 1087; C.F.R. 682.402

NOTICE : WHILE YOU ARE NOT REQUIRED TO RESPOND, COMPLETE INFORMATION IS NEEDED IN ORDER TO MAKE PROVISIONS FOR LOAN CANCELLATION

SECTION I - TO BE COMPLETED BY BORROWER OR BORROWER'S REPRESENTATIVE

(see reverse side of form for instructions and Privacy Act Notice)

1. NAME OF BORROWER (LAST) (FIRST) (MI)	2. BORROWER'S SOCIAL SECURITY NUMBER	3. TYPE OF LOAN(S) See General Instructions
CONSENT FOR RELEASE OF INFORMATION ----- I authorized any physician, hospital or other institution having records pertaining to the disability for which I am requesting cancellation of my loan(s) to make information from such records available to the U.S. Department of Education or to holder of my loan(s)		
4. TYPE OR PRINT NAME AND ADDRESS OF BORROWER OR BORROWER'S REPRESENTATIVE	5. DATE: MM DO YY	6. SIGNATURE OF BORROWER OR REPRESENTATIVE

SECTION II - TO BE COMPLETED BY CERTIFYING PHYSICIAN

(see reverse side of form for instructions and Privacy Act Notice)

1. WHEN DID THE BORROWER'S PRESENT ILLNESS OR INJURY START? MM DO YY	2. DATE BORROWER BECAME UNABLE TO WORK AND EARN MONEY MM DO YY
3. DIAGNOSIS OF BORROWER'S PRESENT MEDICAL CONDITION	

Can Borrower Engage in Any Gainful Employment? Yes _____ No _____

4. BORROWER IS <input type="checkbox"/> AMBULATORY; <input type="checkbox"/> BED CONFINED; <input type="checkbox"/> HOUSE CONFINED; <input type="checkbox"/> HOSPITAL CONFINED; <input type="checkbox"/> OTHER _____
5. PROGNOSIS - IS CONDITION STATIC? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, WHAT OPTIMUM IMPROVEMENT CAN BE EXPECTED?

6. PHYSICIAN CERTIFICATION OF BORROWER'S TOTAL AND PERMANENT DISABILITY I certify that in my best professional judgement (name of borrower) is unable to work and earn money because of an impairment that is expected to continue indefinitely or result in death. I am legally authorized to practice in the State of _____	
7. TYPE OR PRINT NAME AND ADDRESS OF PHYSICIAN	8. DATE MM DO YY
	9. SIGNATURE OF PHYSICIAN (M.D. OR D.O.)

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines and/or imprisonment under the United States Criminal Code, Title 18, Section 1001 and 20 U.S.C. 1097.

U.S. DEPARTMENT OF EDUCATION
GUARANTEED STUDENT LOAN PROGRAM
PHYSICIAN'S CERTIFICATION
OF
BORROWER'S TOTAL AND PERMANENT DISABILITY
Department of Education Student Loan Programs

GENERAL INSTRUCTIONS:

This form is used for obtaining a physician's certification of a borrower's permanent and total disability for the purpose of cancellation of the borrower's obligation to repay his or her student loan(s) obtained under one or more of the following student loan programs:

Guaranteed Students Loan Program (GSLP)
PLUS (Auxiliary Loans) Program
National Defense or Direct Student Loan (NDSL)
United States Loan Program for Cuban Students (USLPCS)

This form is recommended but not required for NDSL Loans.

NOTE: Borrowers who owe GSLP or PLUS loans and who are only partially or temporarily disabled or who are enrolled in an approved rehabilitation training program may be eligible for a loan deferment. To determine if you are eligible for a deferment you should contact your lender.

DEFINITION OF TOTAL AND PERMANENT DISABILITY

TO BE TOTALLY AND PERMANENTLY DISABLED THE BORROWER MUST BE UNABLE TO WORK AND EARN MONEY BECAUSE OF AN IMPAIRMENT THAT IS EXPECTED TO CONTINUE INDEFINITELY OR RESULT IN DEATH.

It should be noted that the standard for determining disability for cancellation of the borrower's loan obligation may be different from standards used under other public and private programs in connection with occupational disability or eligibility for social service benefits.

INSTRUCTIONS FOR SECTION I - BORROWER

1. A representative of the borrower may complete this section and sign the form on the borrower's behalf if the borrower is unable to do this because of his or her disability.
2. Have Section II of the form completed and signed by a doctor of medicine or doctor of osteopathy.
3. Return two completed copies of this form to each lender which has made a loan to you under any of the programs listed in the General Instructions above. Each copy must bear original signatures. The borrower must provide additional copies of this form.

INSTRUCTIONS FOR SECTION II - PHYSICIAN

1. You are being asked to complete and sign this form to certify that the borrower is totally and permanently disabled.
2. You may complete this form for the borrower only if you are a doctor of medicine or doctor of osteopathy legally authorized to practice in your state.
3. Sign the certification only if the borrower's condition meets the above definition of total and permanent disability.
4. Please make your report complete as to the nature, duration and severity of the borrower's present and future impairment. You may attach additional pages if necessary.

Privacy Act Notice

The Privacy Act of 1974 (U.S.C. 552a) requires that an agency provide the following notice to each individual whom it asks to supply information.

1. The authority for collecting the information requested on this form is found 20 U.S.C. 1087, 1087, 1087dd, 42 U.S.C. 2094k and in the event it is necessary to locate the borrower's representative or certifying physician. The SSN is used as a loan account number (Identifier) in order to accurately record necessary information.
2. The principal purposes of this information are to verify the identity of the borrower; determine eligibility for loan cancellation; and in the event it is necessary to locate the borrower's representative or certifying physician. The SSN is used as a loan account number (Identifier) in order to accurately record necessary information.
3. The routine uses of this information include its disclosure to Federal, State or local agencies, to guarantee agencies to educational and financial institutions and to agency contractors for the purpose of: verifying the identity of the borrower and the borrower's physician; determining the borrower's eligibility for loan cancellation; investigating possible fraud and verifying compliance with program regulations. Failure to provide the requested information may cause the U.S. Department of Education to deny the borrower's request for loan cancellation.
4. This information is necessary to process request for loan cancellation.